

**Important Information
for Enduring Freedom and
Iraqi Freedom Veterans**

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Welcome

This guide is designed to provide veterans and their families with the information they will need to understand VA's health care system - its enrollment process including enrollment priority groups, required co-payments, if applicable, and what services are covered.

If we have not addressed your specific questions, additional help is available at the following sources:

- Any Veterans Service Center located at the Albany, Bath, Canandaigua, Syracuse, Western New York (Buffalo) VA Medical Centers or by calling (toll free) 1-888-823-9656
- National Veterans Health Benefits Service Center at 1-877-222-VETS (8387)
- The eligibility page on the VA (national) Web site:
www.va.gov/healtheligibility

Attention Veterans from Operations Iraqi Freedom and Enduring Freedom

We value your service and sacrifice. The VA Healthcare Network Upstate New York is committed to supporting troops returning from Operations Enduring Freedom (Afghanistan) and Iraqi Freedom and to make sure you have the health care and benefits you need.

Each Medical Center has a Veterans Service Center. They will work with you to get you enrolled for the health care services you are entitled to.

Every active-duty service member, Reservist or National Guards member who serves in a theater of combat operations is eligible for hospital care, medical services, and nursing home care for injuries or illnesses he/she believes is related to combat service for a period **up to two years beginning on the date of discharge or release from service**. This two-year eligibility for medical care is available even if there is insufficient medical evidence available to conclude that the veteran's illness is the result of combat service. At the end of the two-year period, these veterans have the same eligibility for VA medical care as veterans of earlier conflicts.

VA programs for veterans with a service-connected injury or illness apply equally to those who served in the regular active duty forces and to National Guard members or reservists returning from federal activation.



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Introduction to Your Benefits

Welcome to Veterans Health Care

Welcome to Veterans Health Administration (VHA), the health care division of the Department of Veterans Affairs (VA). VHA is committed to providing you with quality health care. We want to meet your health care needs by helping you avoid illness through prevention and wellness programs and services.

This handbook covers many of the health care services available. It explains what you are eligible for, how to apply for and use your health benefits, and what to do if you have a problem.

This information is current as of the time of publication but may change as a result of law and/or regulation.

Getting Started (How to Apply)

To receive VA health care benefits, most veterans need to enroll. Enrollment is easy. You can apply at any time. You need to complete a one-page application form called VA Form 10-10EZ. You can get this form by:

- Visiting or calling the nearest VA health care facility
- Visiting or calling the nearest Veterans Benefits Office
- Visiting or calling your County Veterans Service Officer
- Calling the VA Healthcare Network Upstate New York Veterans Service Center Call Center (toll free) at 1-888-823-9656
- Calling VHA (national) toll free at 1-877-222-VETS (8387)
- Visit the web to download the form at:
www.va.gov/visns/visn02/vet/enrollment.html

Some veterans do not need to enroll to receive VA health care benefits. You do not need to complete an enrollment form if:

- You have received VA health care services after October 1, 1996. (VA already processed an application for you.)
- VA has rated you as service connected¹ disabled 50% or more
- You were released from active duty within the previous 12 months for a disability incurred or aggravated while in the line of duty
- You are seeking care from VA for a service-connected disability only (even if the rating is 0%)

If you fit into one of the above categories, you are not required to apply for enrollment. You are encouraged to apply so the VA can better plan for your health care needs.

When VA receives your enrollment application, it will be checked along with your military service record to determine your benefit eligibility. The results will be sent to you in writing.

Your enrollment information is reviewed each year. Continued enrollment may depend upon VA's available funding to provide care. You will be notified in writing if VA cannot renew your enrollment for another year.

¹The term service-connected refers to a VA decision that your illness or injury incurred in or was aggravated by military service that resulted in some degree of disability. Generally, VA may pay compensation to you if your service-connected disability is determined to be at least 10%.

Introduction



Accessibility

Special Access to Care

Veterans with service-connected disabilities rated 50% or greater based on one or more disabilities or unemployability and veterans receiving care for a service-connected disability receive priority in scheduling of appointments for outpatient medical services and admission for inpatient hospital care.

Priority Groups and You

Once you apply for enrollment, your eligibility status will be verified. You will be assigned to a priority group based on your specific eligibility status.

Congress requires VA to manage the health care system using eight priority groups. These priority groups determine who will be eligible to receive health care benefits each year.

Priority groups range from 1 - 8 with 1 being the highest priority for enrollment. Under the Medical Benefits Package, the same services are generally available to all enrolled veterans.

As of January 17, 2003, VA is not accepting new Priority Group 8 veterans for enrollment (veterans falling into Priority Groups 8e and 8g).

For more information about priority groups see pages 10-13.

Veterans Service Centers

Veterans Service Centers provide assistance with eligibility, enrollment, financial assessments, burial benefits, beneficiary travel, TRICARE (CHAMPUS), CHAMPVA and Army Reserve physical exams. The Veterans Service Center can also assist you with billing inquiries, benefits counseling, and updating your personal information. For more information, contact the Veterans Service Center Call Center at 1-888-823-9656.

Veterans Identification Card (VIC)

You will receive a Veteran Identification Card. Keep this card with you. You will need to bring it to all inpatient and outpatient visits.



What to Expect

Patients who elect to have their primary care delivered at a VA facility will be assigned a primary care provider. This provider is part of a Primary Care Practice Team of other doctors, nurses and/or clerks at a VA medical center or community based outpatient clinic. The first primary care visit will be set up and scheduled at the patient's convenience.

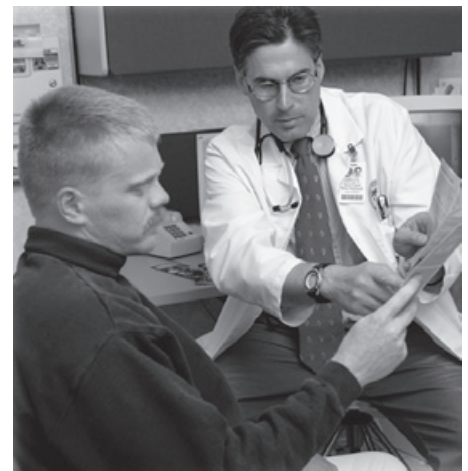
During the first visit:

- The patient will meet his/her assigned provider.
- A physical examination will be done. The primary care provider will determine if there is a need for additional diagnostic testing (which may include blood/lab work, x-ray, etc.).
- A complete medical history will be obtained.

The first primary care visit is an important one. This is the time for the patient to develop a relationship with his/her provider and get acquainted with other members of the primary care team. Patients may also receive health education materials and guidance that may include: smoking cessation, depression screening, weight and exercise education, flu vaccine and/or pneumovax, diabetes and colon cancer screening.

Additional screening and education is available based upon specific diagnosis and individual patient medical needs.

In primary care, a strong emphasis is placed on preventive health maintenance. Primary care providers conduct the necessary physical examinations and screenings. Primary care also evaluates emergency medical needs between scheduled visits, arranges medication refills, and orders consultation by specialists.





Choosing Your Preferred Facility

When you enroll, you will be asked to choose a preferred VA facility.

This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you. If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care, based on administrative eligibility and medical necessity.

If you do not choose a preferred facility, VA will choose the facility that is closest to your home.

Changing Your Preferred Facility

You may change your preferred facility at any time. Simply discuss this with your primary care doctor. Your primary care doctor will coordinate your request with the Veterans Service Center at your local health care facility and make the change for you.

Changing Your Provider/Doctor

You have the right to change health care provider(s). Before making a change, discuss any problems/concerns with your current provider and work toward reaching an agreement. If you cannot reach an agreement, consult the facility Patient Representative to proceed.

Additional Information About Our Providers

If you would like more information about your health care provider, please contact the Release of Information Office at your VA Medical Center. A written request will be required to obtain this information.

You can obtain information regarding your provider's:

- Professional education - where the provider attended school
- Training - internship, residency, fellowship
- Current state licensure
- Board certification status - whether or not the provider is Board Certified



Health Care

- ## Canceling an Appointment

Second Opinion

VA does not require a second opinion. If you want a second opinion, one will be arranged for you. If you are receiving medical care from another source (private physician, HMO, etc.) and a second opinion is required and you are enrolled with VA health care, you may use the VA for that second opinion.

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SC - Service-connected NSC - Nonservice-connected

*An annual medication co-payment cap of \$840 has been established for veterans enrolled in priority groups 2-6. Medications will continue to be dispensed when the co-payment cap is met. An annual medication co-payment cap was not established for veterans enrolled in priority group 7 or 8.

**Veterans in receipt of a Purple Heart are in Priority Group 3. This change occurred with the enactment of PL 106-117 on November 30, 1999.

***Medical care co-payment required veterans who are determined to be Catastrophically Disabled and who are placed in Priority Group 4 for treatment are still subject to the co-payment requirements. Catastrophically Disabled veterans in this priority group can be subject to full medical care co-payments or to reduced inpatient co-payments under the Geographic Means Test criteria.

****Priority Group 6 - Health insurance and all applicable co-payments will be billed when the care is for conditions not related to the veteran's exposure or experience (see special categories of veterans below). Veterans in this priority group can be subject to full medical care co-payments or to reduced inpatient co-payments under the Geographic Means Test criteria.

Special Categories of Veterans - (i.e., Agent Orange, Ionizing Radiation, Persian Gulf, Project 112/SHAD, veterans receiving military sexual trauma counseling, combat veterans receiving care of a potential service related condition within 2 years of discharge from military) are subject to medical care and medication co-payments when the treatment is not related to their exposure or experience. The initial registry examination and follow-up visits to receive results of the examination are not billed to the health insurance carrier. However, care provided not related to exposure, if it is nonservice-connected will be billed to the insurance carrier.

Medication Co-Payment Exemption - All veterans receiving prescriptions for nonservice-connected (NSC) conditions who meet the low-income criteria (income limits for the VA NSC pension program) are exempt from the medication co-payment.

Long Term Care Co-Payments - Changes to Long Term Care Co-payments are effective June 17, 2002 and are displayed on page 15.

Priority Group 7a and 7c Veterans - Veterans enrolled in this priority group have income above the VA Means Test/Financial Assessment threshold but below the Geographic Index threshold and are responsible for 20% of the inpatient co-payment and 20% of the inpatient per diem co-payment. The Geographic Index co-payment reduction does not apply to outpatient and medication co-payments and veterans will be assessed the full applicable co-payment charges. Note that reduced inpatient co-payments can apply to veterans in Priority Groups 4 and 6 based upon the income of the veteran.

Priority Group 7e and 7g Veterans - Veterans assigned to Priority Group 7e or 7g are not eligible for enrollment if a decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 7e are eligible for care of SC conditions at no charge.

Priority Group 8a and 8c Veterans - Veterans enrolled in this priority group are responsible for the full inpatient co-payment and the inpatient per diem co-payment for care of their NSC conditions. Veterans in this priority group are also responsible for outpatient and medication co-payments for care of their NSC conditions.

Priority Group 8e and 8g Veterans - Veterans assigned to Priority Group 8e or 8g are not eligible for enrollment. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 8e are eligible for care of service-connected (SC) conditions at no charge.



- Non-service-connected veterans whose income and net worth are below the established dollar threshold
- Zero percent non-compensable service-connected veterans whose income and net worth are below the established dollar threshold
- Veterans in receipt of VA pension
- Veterans eligible for Medicaid

- World War I and Mexican Border War veterans
- Compensable zero percent service-connected veterans
- Veterans solely seeking care for disorders associated with exposure to a toxic substance, radiation, or for disorders associated with service in the Gulf War, or; for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998 (note that for other treatment these veterans are required to make co-payments based upon their reported income either under the Geographic Means Test co-payment levels or the full medical care co-payment rate).

Veterans whose income is above the VA Means Test/Financial Assessment threshold but below the applicable Geographic Index threshold who agree to co-payments (inpatient co-payments reduced by 80%).

- Veterans who are not eligible for enrollment if an enrollment decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions

- Veterans not included in priority group 4, 6 or 7 who are eligible for care only if they agree to pay the medical care co-payment.

- Veterans who are not eligible for enrollment. These veterans are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions

Prescriptions

As an enrolled patient in the VA health care system, you can obtain medications and medical supplies that are prescribed by your VA provider. Medications are prescribed from an approved list of medications called a formulary.

There is a co-payment for medications used to treat nonservice-connected conditions.

Dental Care

In general, dental benefits are limited to:

- Veterans who have service-connected dental conditions
- Former prisoners of war (POW)
- Veterans who are rated by the VA for service-connected conditions and are permanently and totally disabled

Contact your local Veterans Service Center to determine whether you are eligible for dental benefits.



Chiropractic Care

If you are enrolled in VA health care you are eligible for chiropractic treatment. Discuss the need for chiropractic care with your VA primary care provider. You may be required to see a VA specialist before seeing a chiropractor.

Non-VA Care

In limited circumstances, non-VA care (care provided outside the VA) may be provided. It must be authorized in advance.

Payment for care outside the VA is governed by strict federal regulations. Service-connection is the basis for payment for most non-VA inpatient care. You may be responsible for a co-payment, depending on the amount billed to the VA and the circumstances surrounding your care.

We encourage you to seek care at our VA facilities. Never place yourself at risk in an effort to avoid incurring a medical bill! The Millennium Health Care and Benefits Act was enacted to ensure that every veteran enrolled in VA health care has access to emergency services, even if he/she has no other health care coverage (including Medicare, Medicaid and TRICARE).

For VA payment to be pre-authorized, your VA primary care provider (PCP) must make a non-VA referral. If the care you need is available at one of our VA facilities, your PCP is instructed to make the referral within the VA system.

In very limited conditions, the VA may consider payment of inpatient and outpatient care that has not been authorized in advance. Contact the Veterans Service Center if you have questions.

Initial payment decisions are based on eligibility and availability of requested service within the VA. Care is never denied on the basis of cost constraints. VA providers are not rewarded for under use of services or reducing costs. Health care provided to veterans is based on medical necessity.



Long Term Care Co-Payments

Some veterans without service-related medical problems will be charged co-payments for extended care. The co-payments are tailored to the individual and based on the veteran's ability to pay. The Millennium Health Care and Benefits Act mandated this change.

Veterans who are not required to make extended care co-payments include those:

- with any compensable service-connected disability
- whose incomes are below the VA single pension level of \$9,556
- who have received extended care from VA continually since November 1999

Under the new regulations, veterans receive the first 21 days of care free in any 12-month period. After that, the maximum that veterans could pay is:

- \$97 for each day of nursing home care
- \$15 for each day of adult day health care
- \$5 for each day of domiciliary care
- \$97 for each day of institutional respite care
- \$15 for each day of non-institutional respite care
- \$97 for each day of institutional geriatric evaluation
- \$15 for each day of non-institutional geriatric evaluation



Travel

Reimbursement for mileage or public transportation may be paid for the following:

- Veterans with service connected disabilities rated at 30% or more
- Veterans traveling for treatment of a service connected condition
- Veterans receiving a VA pension
- Veterans traveling for scheduled compensation and pension examinations
- Veterans whose income does not exceed the maximum VA pension rate

Mileage reimbursement is made at the rate of \$.11 per mile. Travel payment is subject to a \$3.00 deductible for each one-way trip. There is an \$18 per month maximum deductible. If you are traveling for a compensation and pension examination, you are not subject to a deductible.

Special Mode Travel

If you have a medical condition that requires a special mode of transportation and are unable to pay the cost of that transportation, the VA may cover the cost. Special modes of transportation costs must be pre-authorized by the VA. If you have a medical emergency, and a delay in travel would be unsafe, travel does not need to be pre-authorized. When traveling by special modes of transportation (ambulance or specially equipped van), there is no deductible.



Special Registry Programs

The VA has established a special registry designed to provide you with examinations/medical care, if you have been exposed to one of the following:

- Agent Orange or other herbicides
- Ionizing radiation
- Environmental contaminants associated with service in the Gulf War

Contact the nearest VA health care facility if any of these apply to you.

Spinal Cord Injury (SCI)

The VA provides a full range of care for veterans who have:

- Sustained injury to the spinal cord
- Multiple Sclerosis
- Other non-progressive neurological deficit lesions

The VA has many Spinal Cord Injury Centers. Contact the nearest VA health care facility for more information.



Blind Benefits

Services for blind veterans are available at all VA medical centers. To determine your eligibility for blind rehab center/clinic services, contact the Visual Impairment Services (VIST) Coordinator.

Former Prisoner of War (POW)

Former prisoners of war are placed on a special list and may be eligible for certain health and dental benefits, as well as special medical exams. If you are a former POW, please contact the Veterans Service Center for more information.

General Exclusions

VA Health Care does not cover:

- Abortions and abortion counseling
- Contraceptives not requiring physician's prescriptions such as condoms, spermicidal foams, and jelly
- Cosmetic surgery except where determined by VA to be medically necessary for reconstructive or psychiatric care
- Drugs, biologicals, and medical devices not approved by the U.S. Food and Drug Administration
- Gender alteration
- Health club or spa membership, even for rehabilitation
- Infertility services, such as artificial insemination, in vitro fertilization, or embryo transfer, unless related to a service-connected condition
- Reproductive sterilization/reversal of sterilization (except when determined to be medically necessary)
- Services not ordered and provided by licensed/accredited professional staff
- Special private duty nursing



Awards and Accreditations

The VA Healthcare Network Upstate New York is a quality health care organization with numerous awards, accreditations and affiliations, including:

- VHA Kenneth W. Kizer Quality Award
- Robert W. Carey Award
- United States Nuclear Regulatory Commission - License
- Commission on Cancer, (Hospital Cancer Program) American College of Surgeons - Certification
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- College of American Pathologists - Accredited Laboratory
- Commission on Accreditation of Rehabilitation Facilities (CARF) - Three Year Accreditation
- American Association of Blood Banks (Transfusion Service) - Accreditation
- American College of Radiology Mammographic Imaging Services - Accreditation

Appeals

You have the right to appeal the denial of any VA benefit. There are two methods of appealing a decision:

Informal: You may informally appeal VA health care decisions by speaking with the Patient Representative at any VA health care facility. The Patient Representative will work with staff on your behalf to resolve most problems.

Formal: If the Patient Representative is unable to resolve an issue, you may file a formal appeal. To initiate a formal appeal, contact your local Veterans Service Officer. You have one year from the date of notification of the denial to file an appeal.

Grievances

Individual VA facilities have their own grievance procedure. Generally, you can address your concerns with the Patient Representative.

Confidentiality

VA is responsible for maintaining and ensuring the confidentiality of your medical and financial information.

Release of Information (ROI)

You may request a copy of your medical information for yourself or a third party. You must sign a consent form authorizing the VA to release the information. The ROI office is able to assist you to:

- Obtain your DD214
- Request a correction or amendment to your medical record
- Have a non-VA form completed by your provider
- Request documents through the Freedom of Information Act (FOIA)
- For more information, ask the ROI clerk for a Health Information Management Services (HIMS) booklet.

Advance Directives - Health Care Proxy, Durable Power of Attorney

VA encourages you to think about your health care options through the use of advanced directives such as a health care proxy and/or durable power of attorney. Staff at your local facility can help you complete the necessary forms.

Organ Donation

VA participates in the organ donation program. For more information, contact a member of your health care team.



For veterans who are not automatically exempt from making co-payments for long-term care services, a separate financial assessment (VA Form 10-10EC, Application for Extended Care Services) must be completed to determine whether they qualify for cost-free services or to what extent they are required to make co-payments. For those veterans who do not qualify for cost-free services, the financial assessment is used to determine the amount of the co-payment requirement. Unlike co-payments for other VA health care services, which are based on fixed charges for all, long-term care co-payment charges are individually adjusted based on each veteran's financial status.

Hardship Determinations

A hardship determination is a special process used to change your priority group. You may request (in writing) to be placed in a different priority group based on a change in your financial situation. Hardship consideration is given for loss of employment, business bankruptcy or out-of-pocket medical expenses. Even though an application for hardship is made, no result is necessarily guaranteed. Contact your local Veterans Service Center for more detailed information.

Waivers

You may request a waiver for a portion of or the entire amount of your co-payment charges. You may also request a hearing on the waiver request. Contact your local Medical Care Collection Fund (MCCF) office for more detailed information.

Medication Co-Payments

As part of your VA health care, prescription medications are available. In most cases, a co-payment is required for prescriptions. You should contact the nearest VA health care facility for the most current information.

Health Insurance

We need to know about your health insurance. The VA encourages you to maintain any health insurance plans you currently hold. The VA bills private insurance companies for all non-service connected care a veteran receives. (The VA does not bill insurance companies for treatment of service-connected conditions.)

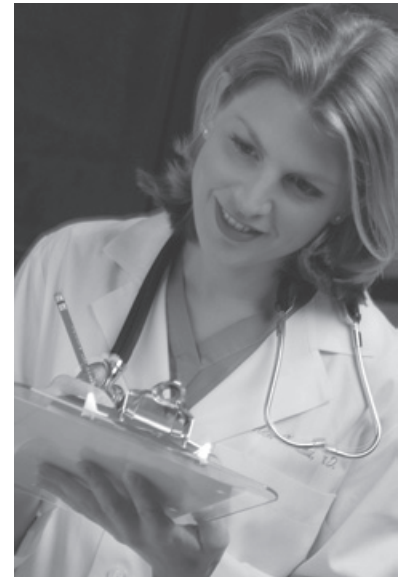
You do not have to pay any balances that are not covered by your insurance carrier. Many insurance companies apply the VA health care charges toward the satisfaction of your annual deductible.

Your co-payments may be offset by the payments we receive from your insurance company.

Your current insurance status (insured or uninsured) has no bearing on your VA health care benefits. You are eligible for care regardless of your current insurance status.

CAUTION! Before canceling insurance coverage, enrolled veterans should carefully consider the risks:

- There is no guarantee that in the subsequent year Congress will appropriate sufficient funds for VA to provide care for all enrollment priority groups.
- Non-veteran spouses and other family members generally do not qualify for VA health care.
- If participation in Medicare Part B is cancelled, it cannot be reinstated until January of the next year and there may be a penalty for reinstatement.



Reporting Health Insurance Information

By law, VA is obligated to bill health insurance carriers for services provided to treat nonservice-connected conditions. To ensure that current insurance information is on file - including coverage through employment or through a spouse - you will need to verify the status of your health insurance at each patient visit. Since collections received from insurance companies help supplement the funding available for providing services to veterans, patients are asked to cooperate by disclosing all relevant health insurance information.

Co-Payments

You may be required to pay a co-payment for care and prescriptions.

If you can't afford the co-payments, you may request a waiver. Contact your local Medical Care Collection Fund (MCCF) office for more detailed information.

If co-payments become a hardship, you may establish a payment plan. Failure to pay could result in garnished wages, VA compensation benefits or income tax refunds.

Generally you will be charged only one co-payment on a single day, whether it be an inpatient, outpatient, or long-term care co-payment, based on the highest level of service provided that day. Medication co-payments, which are applicable only to outpatients, vary depending upon the number of prescriptions filled. If you are an outpatient who has both a specialty care visit as well as a basic care visit on the same day, you will be charged for the specialty care visit since it is the more expensive level of care.



Questions and Answers

If I am enrolled in VA health care, what benefits will I receive?

You are eligible for inpatient and outpatient services, including preventive and primary care, rehabilitation, mental health and substance abuse treatment, home health, respite and hospice care, and prescription medications.

Once I am enrolled, what are the costs?

VA health care does not charge a monthly premium, however, you may be responsible for co-payments. If you have your own insurance, it may cover the cost of the co-payments.

Must I reapply in subsequent years and will I receive an enrollment confirmation?

Your enrollment will be reviewed annually without any action necessary on your part. Depending on your priority group and the availability of funds for VA to offer you services, your enrollment will be renewed. Should there be any change to your enrollment status, you will be notified in writing. You will be asked to complete an updated Means Test/Financial Assessment each year.

Is this an insurance policy or an HMO?

It is neither. VA health care is funded through appropriations from the federal government. This is not the same as an insurance contract. You do not pay monthly premiums to receive VA health care. You are not required to use VA as your exclusive health care provider. If you have health insurance, or eligibility for other programs such as Medicare, Medicaid or CHAMPUS/TRICARE, you may continue to use those programs. We recommend that, if you have other insurance or HMO coverage, you keep that coverage to provide you with a variety of options and flexibility.

If I am covered by another insurance company, do I have to pay the deductibles when being treated by the VA?

No. VA does not require that you pay those charges. Many insurance companies will apply VA co-payment charges toward satisfaction of their annual deductible.

Are there any restrictions to receiving care at a private facility (at VA expense)?

Yes. Care in private facilities is provided only under certain circumstances. You may receive care at a private facility, if the VA has a contract arrangement for services. If you have a service connected disability and it is too far from your home to a VA facility, you may be eligible to receive care at a private facility.

Will VA pay for care in private facilities?

Usually not. VA provides care in private facilities at VA expense when there is a contractual arrangement. If VA approves your care in advance or receives timely notification of an emergency room visit or admission, your private facility care may be covered.

Questions & Answers



How do I qualify for emergency services at a non-VA facility?

In order to qualify for emergency services at a non-VA facility, you must meet ALL of the following criteria:

- You received care in a hospital emergency department or similar facility providing emergency care
- You are enrolled in the VA health care system
- You have been provided care by a VA health care provider within the last 24 months
- You are financially liable to the provider of the emergency treatment
- You have no other form of health insurance
- You do not have coverage under Medicare, Medicaid, or a state program
- You do not have coverage under any other VA program
- You have no other contractual or legal recourse against a third party that may pay all or part of the bill
- VA or other federal facilities were not available at time of the emergency
- The care must have been rendered a medical emergency when a delay in seeking immediate medical attention would have been hazardous to your life or health

What if I get sick while traveling?

You may receive care at any VA facility in the country. Before traveling, you should familiarize yourself with the location of the nearest VA health care facility where you will be staying. VA's authority to reimburse you for care in non-VA facilities is very limited.

Can I get dental care?

Dental benefits are limited to service connected dental conditions or to veterans who are permanently and totally disabled from service connected causes. For specifics, contact the Veterans Service Center at your local VA health care facility.

Can I get hearing aids and eyeglasses from VA?

Hearing aids and eyeglasses require a service connected disability rating of 10% or more. They are not provided to non-service connected veterans for naturally occurring hearing or vision loss. Additional information is available at your local Veterans Service Center.

What kinds of maternity services are provided?

VA provides maternity care but cannot provide care to a newborn child - even in the immediate aftermath of the birth. Other arrangements must be made for payment for the care of the child.



No. Your doctor will determine how long you need hospital care or outpatient services. VA will provide care consistent with current medical care practices.

VA sends confirmation letters by priority group. Notification letters are mailed at different times.

A service-connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional Offices located throughout the country. In addition to compensation and pension ratings, VA Regional Offices are also responsible for administering educational benefits, vocational rehabilitation, and other benefit programs including home loans. To obtain more information or to apply for any of these benefits, contact your nearest VA Regional Office at 1-800-827-1000.

No. In order to receive medication from the VA, your VA provider must treat you and prescribe your medication. If you have a prescription written by a non-VA doctor, you should make an appointment with your VA provider to evaluate your condition and decide if your non-VA doctor's prescription should be continued. They may not always prescribe the same medication.

In general, refills are processed through the mail and not at the window. If your VA provider has approved refills on your prescription, you can request your refill by:

- Refills should be requested at least three weeks before you run out of medication. This will allow ample time for processing and delivery.

Questions & Answers




- You will be treated with dignity, compassion and respect as an individual. Your privacy will be pro-

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- You will be given information about the health benefits that you can receive. The information will



- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (i.e., State public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.
- You will be informed of all outcomes of care, including any injuries caused by your medical care. You will be informed about how to request compensation for injuries.

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. Refusing treatment will not affect your rights to future care but you have the responsibility to understand the possible results to your health. If you believe you cannot follow the treatment plan you have a responsibility to notify the treatment team.
 - As an inpatient or long-term care resident, you will be provided any transportation necessary for your treatment plan.
 - You will be given, in writing, the name and professional title of the provider in charge of your care. As a partner in the healthcare process, you have the right to be involved in choosing your provider. You will be educated about your role and responsibilities as a patient. This includes your participation in decision-making and care at the end of life.
 - Tell your provider about your current condition, medicines (including over the counter and herbals) and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care. This will help in providing you the best care possible.
 - You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
 - You have the right to choose whether or not you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate.
 - You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.
 - If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.
- 
- A black and white photograph showing a person sitting up in a hospital bed. They are looking out a window towards a garden with trees and a path. The person is wearing a light-colored hospital gown. The window has a dark frame, and the garden outside is visible through the glass.

IV. Complaints



Important Phone Numbers



Vet Centers

Albany Vet Center
875 Central Avenue, Albany, NY 12206
(518) 626-7457

Buffalo Vet Center
351 Linwood Avenue, Buffalo, NY 14209
(716) 882-0505

Rochester Vet Center
134 South Fitzhugh Street, Rochester, NY 14614
(585) 263-5710

Syracuse Vet Center
716 East Washington Street, Syracuse, NY 13203
(315) 478-7127



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11/04

Veterans Benefits Administration

Buffalo Regional Office
111 W Huron Street, Buffalo, NY 14202
(800) 827-1000

New York Regional Office
245 W Houston Street, New York, NY 10014
(800) 827-1000

White River Junction Regional Office
N. Hartland Road, White River Junction, VT 05009
(800) 827-1000

National Cemetery Administration

Bath National Cemetery
VA Medical Center, San Juan Avenue, Bath, NY 14810
(607) 664-4853

Calverton National Cemetery
210 Princeton Blvd., Calverton, NY 11933
(631) 727-5410

Cypress Hills National Cemetery
625 Jamaica Avenue, Brooklyn, NY 11208
(718) 235-6289

Long Island National Cemetery
2040 Wellwood Avenue, Farmingdale, NY 11735-1211
(631) 454-4949

Saratoga National Cemetery
200 Duell Road, Schuylerville, NY 12871-1721
(518) 581-9128

Woodlawn National Cemetery
1825 Davis Street, Elmira, NY 14901
(607) 732-5411



Reaching Us Is Easy

VA Medical Centers:

Albany
113 Holland Avenue
Albany, NY 12208
(518) 626-5000

Batavia
222 Richmond Avenue
Batavia, NY 14020
(585) 343-7500

Bath
76 Veterans Avenue
Bath, NY 14810
(607) 664-4000

Buffalo
3495 Bailey Avenue
Buffalo, NY 14215
(716) 834-9200

Canandaigua
400 Fort Hill Avenue
Canandaigua, NY 14424
(585) 394-2000

Syracuse
800 Irving Avenue
Syracuse, NY 13210
(315) 425-4400

Community-Based Outpatient Clinics:

Auburn
Auburn Memorial Hospital
17 Lansing St.
Auburn, NY 13021
(315) 255-7002

Bainbridge
109 North Main Street
Bainbridge, NY 13733
(607) 967-8590

Binghamton
425 Robinson Street
Binghamton, NY 13001
(607) 772-9100

Carthage
3 Bridge Street
Carthage, NY 13619
(315) 493-4180

Catskill
Greene Medical Bldg.
159 Jefferson Heights
Catskill, NY 12414
(518) 943-7515

Clifton Park
1673 Route 9
Clifton Park, NY 12065
(518) 383-8506

Cortland
1129 Commons Avenue
Cortland, NY 13045
(607) 662-1517

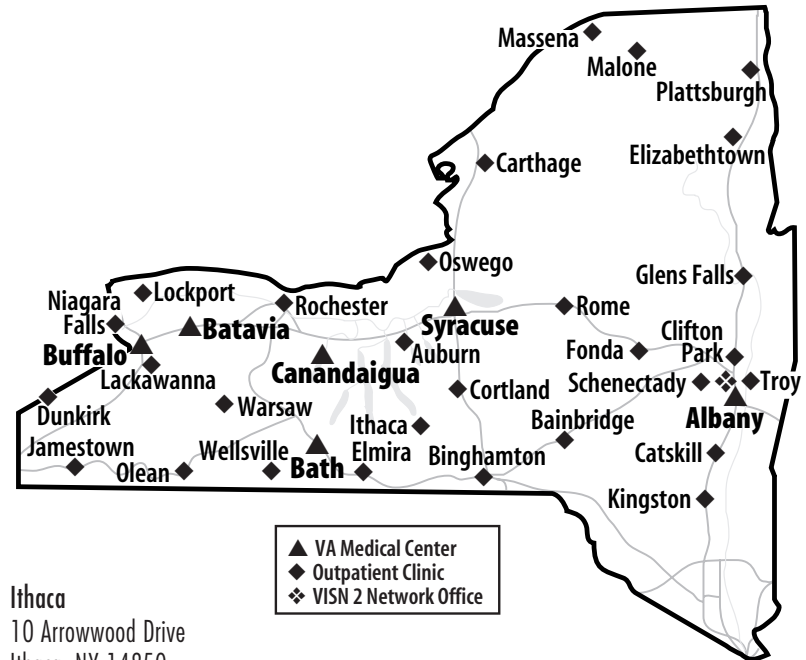
Dunkirk
The Resource Center
325 Central Avenue
Dunkirk, NY 14048
(716) 366-2122

Elizabethtown
P.O. Box 277, Park St.
Elizabethtown, NY 12932
(518) 873-3295

Elmira
Health Services Bldg.
200 Madison Ave.
Suite 2E
Elmira, NY 14901
(877) 845-3247

Fonda
Camp Mohawk Plaza
Rt. 30A
Fonda, NY 12068
(518) 853-1247

Glens Falls
84 Broad Street
Glens Falls, NY 12801
(518) 798-6066



Ithaca
10 Arrowwood Drive
Ithaca, NY 14850
(607) 274-4680

Jamestown
The Resource Center
890 East Second Street
Jamestown, NY 14701
(716) 661-1447

Kingston
63 Hurley Avenue
Kingston, NY 12401
(845) 331-8322

Lackawanna
Our Lady of Victory
Family Care Center
227 Ridge Road
Lackawanna, NY 14218
(716) 822-5944

Lockport
Ambulatory Care Center
5875 S. Transit Road
Lockport, NY 14094
(716) 433-2025

Malone
183 Park Street, Suite 3
Malone, NY 12953
(518) 481-2545

Massena
1 Hospital Drive
Massena, NY 13662
(315) 769-4253

Niagara Falls
2201 Pine Avenue
Niagara Falls, NY 14301
1-(800) 223-4810

Olean
465 North Union Street
Olean, NY 14760
(716) 373-7709

Oswego
Seneca Hills Health
Services Center
County Route 45A
Oswego, NY 13126
(315) 343-0925

Plattsburgh
43 Durkee Street
Plattsburgh, NY 12901
(518) 561-8310

Rochester
465 Westfall Road
Rochester, NY 14620
(585) 463-2600

Rome
125 Brookley Road,
Bldg. 510
Rome, NY 13441
(315) 334-7100

Schenectady
1322 Gerling St.
Sheridan Plaza
Schenectady, NY 12308
(518) 346-3334

Troy
295 River Street
Troy, NY 12180
(518) 274-7707

Warsaw
Wyoming County
Community Hospital
400 N. Main Street
Warsaw, NY 14569
(585) 344-3355

Wellsville
Jones Memorial Hospital
Health Care Center
13 Loder Street
Wellsville, NY 14895
(585) 596-2056





VA Health Care On The Web

www.va.gov/visns/visn02

For Reliable Health Information On The Web

www.myhealth.va.gov

Upstate New York Veterans ~

Wherever you are, When you need help ...

VA TELCARE

1-888-838-7890



Network 2 Communications

465 Westfall Road

Rochester, NY 14620

